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CONFIRMATION NO. 6345

<b>SERIAL NUMBER</b> 09/402,737	<b>FILING OR 371(c) DATE</b> 10/08/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> BAYER10197
<b>APPLICANTS</b> DIETER NEUSER, LANGENFELD, GERMANY; MONIKA FIERUS, LEVERKUSEN, GERMANY; WOLFGANG WIEHL, KOLN, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP98/01926 04/02/1998 <i>K6</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 15 594.4 04/15/1997 <i>K6</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/31/2003</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 4
Verified and Acknowledged <i>K6</i> Examiner's Signature <i>K6</i> Initials			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 27384				
<b>TITLE</b> ANALGESIC COMBINATION				
<b>FILING FEE RECEIVED</b> 1866	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	